

PLANNING AND BUILDING DEPARTMENT LETTER OF AUTHORIZATION

		, "Owner" whose address is			
	C	City	State	Zip	
As owner of property more specifically described as:					
HEREBY AUTHORIZES				as Agent to represent and act	
for the Owner in making application for and receiving and Commissioners, Teton County Planning and Zoning, Buil planning, platting, re-platting, improvements, use or occu conclusively to be fully aware of and to have authorized a Owner information in support thereof, and shall be deeme modifications to such materials. Owner acknowledges an issuance of any such named representative, weather actua or re-platting, improvement, occupancy or use of any stru appropriate official of Teton County, Idaho, in accordance Owner agrees to pay any fines and be liable for an out of any violation of applicable laws, codes or regulatio Under penalty of perjury, the undersigned swears limited liability company or other entity, the undersigned required.	Iding, and or othe pancy of land in und/or made any ed to be aware of d agrees that; Ow lly delivered to octure or land inve e with applicable my other penaltie ins applicable to s that the forgoin	er County Departments Teton County, Idaho. County, Idaho. County, Idaho. County, Idaho. County and to have authorized over shall be bound and Dwner or not. Owner agolved in the application of codes and regulations. It is a rising out of failure to the action sought to be paging is true and, if signing	relating to the relating to the relating to the relating to the promises con any subsequent shall abide by the rees that no moshall take place to comply with the permitted by the on the behalf of	nodification, development, at; Owner is or shall be deemed tained in said application of any trevisions, corrections or the written terms or conditions o dification, development, platted e until approved by the terms of any permit or arising application authorized herein. It a corporation, partnership,	
OWNER:					
X				Title	
(Signature of Owner)		(Print Name)			
X				Title	
(Signature of Co-Owner)		(Print Name)			
X					
(Secretary or Corporate Owner)					
(Dring Name)					
(Print Name)					
NOTARY:	aa				
STATE OF:	_ 55			_	
COUNTY OF:	Zip				
Subscribed and sworn to before me by					
thisday of	, 20				
				(seal)	
WITNESS my hand and official seal.			· ·	(Name)	
TILITEDO IIIY IIAIIG AIIG OTIICIAI SCAI.					
XNotary Public		Expiration Date			
INOTALLY LABOURC		Expiration Date			